2025 Late Fall One Pit	tch Coed Softball	Lea	gue	Acide -			
Team Name:	Registe	ered La	st As:				
Team Name:Coach:	Home	Phone	: Work P	hone:		Coed	
Address:Asst. Coach:	City, Z	Zip:					
Asst. Coach:	Home	Phone	: Work P	hone:			
Address: City		City, Zip:Level of Play					A 12 A
All players must read this statement bet playing member of the team listed above furthermore, I agree that in considerate officers and employees of the City in specal injury therewith, does hereby release as an athlete in such activity. The release the City and said sponsors.	ve, and to fully comply with the ion of the services rendered and onsoring, organizing and direce any and all right of claim to d	rules, on the ting amage	odes and regulations of the City of rendered by the City of Yakima Parl ateur sports in the various parks an or injury which may be in connection	Yakima Athloks & Recreating digymnasium on with or as	etic program on Division, ns, the risk of a result of en	said f physi- gaging	Fall yall
Name	Signature	Age	Home Address	City	Zip	Home Phone	Work Phone
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